JPRS 83019

7 March 1983

Worldwide Report

EPIDEMIOLOGY

No. 312

FBIS FOREIGN BROADCAST INFORMATION SERVICE

JPRS REPORTS

Japan Report
Korean Affairs Report
Southeast Asia Report
Mongolia Report

Near East/South Asia Report
Sub-Saharan Africa Report
West Europe Report
West Europe Report: Science and Technology

Latin America Report

USSR

Political and Sociological Affairs
Problems of the Far East
Science and Technology Policy
Sociological Studies
Translations from KOMMUNIST
USA: Economics, Politics, Ideology
World Economy and International Relations
Agriculture
Construction and Related Industries
Consumer Goods and Domestic Trade
Economic Affairs
Energy
Human Resources
International Economic Relations
Transportation

Physics and Mathmetics
Space
Space Biology and Aerospace Medicine
Military Affairs
Chemistry
Cybernetics, Computers and Automation Technology
Earth Sciences
Electronics and Electrical Engineering
Engineering and Equipment
Machine Tools and Metal-Working Equipment
Life Sciences: Biomedical and Behavioral Sciences
Life Sciences: Effects of Nonionizing Electromagnetic Radiation
Materials Science and Technology

EASTERN EUROPE

Political, Sociological and Military Affairs
Scientific Affairs

Economic and Industrial Affairs

CHINA

Political, Sociological and Military Affairs
Economic Affairs
Science and Technology

RED FLAG
Agriculture
Plant and Installation Data

WORLDWIDE

Telecommunications Policy, Research and Development
Nuclear Development and Proliferation

Environmental Quality
Epidemiology

FBIS DAILY REPORT

China
Soviet Union
South Asia
Asia and Pacific

Eastern Europe
Western Europe
Latin America
Middle East and Africa

To order, see inside front cover

JPRS 83019

7 March 1983

WORLDWIDE REPORT

EPIDEMIOLOGY

No. 312

CONTENTS

ANIMAL DISEASES

PLANT AND INSECT PESTS

BRIEFS

TAIWAN HEALTH AGREEMENT--An agreement for health cooperation between the kingdom and the Republic of China was signed at the Health Ministry in Riyadh today. The agreement was signed by Dr Ghazi al-Qusaybi, minister of industry and electricity and acting minister of health, and by Dr (She-si Ho), director of health. His excellency said the agreement will increase the number of Chinese doctors, experts and technicians in the kingdom and train Saudi youth in the field of medicine and will allow for the exchange medical expertise between the two countries. [GF210532 Riyadh Domestic Television Service in Arabic 1830 GMT 20 Feb 83 GF]

CSO: 5400/4512

BRIEFS

OUTBREAK OF PNEUMONIA--Australia has been hit by a new outbreak of a major type of pneumonia. In recent months, about 160 cases of mycoplasma pneumoniae infection have been reported monthly, compared with between 20 and 50 cases a month in 1980 and 1981. At the peak of the last outbreak, in 1978-79, about 250 cases were reported in one month. The cases, reported in the latest issue of the Federal Department of Health's Communicable Diseases Intelligence Bulletin, represent only a small fraction of the total number of cases of the disease. The reported cases come from only a few medical centres around the country, and many cases go undiagnosed. According to one expert, M. pneumoniae, one of more than 50 cases of pneumonia (inflammation of the lungs), can cause illnesses resembling a mild common cold or severe enough to require hospitalisation. Deaths are rare because of the effectiveness of antibiotic treatment. Like many other communicable diseases, M. pneumoniae outbreaks tend to show a cyclic pattern which experts can not fully explain. Many factors are thought to be involved, one being fluctuations in the number of people who have not been previously exposed to the organism and therefore have lower immunity to the disease. The incidence of the disease is highest in young school children, and adults aged 25 to 59. "As close contact is thought to be necessary for transmission, the slight female preponderance in the 25-59 age group may be a reflection that children are more likely to infect their mothers than fathers," the bulletin says. Experts were unable to say if other types of pneumonia have also increased in incidence this year. [Text] [Sydney THE SYDNEY MORNING HERALD in English 15 Dec 82 p 2]

CSO: 5400/7542

BRIEFS

CHOLERA IN CHAUDDAGRAM--Chauddagram, Jan 12--Cholera has claimed 12 lives at different places under Chauddagram thana (Comilla). It is learnt from the reliable sources that Cholera has spread in an epidemic form in many villages of the locality and created panic in the area. The worst affected villages are--Shubhapur, Baraish, Jugirhat and Kadair. It has been alleged that nobody from the Thana Health Administration has yet visited the affected villages and scarcity of medicines is prevailing over the entire area. [Text] [Dhaka THE NEW NATION in English 15 Jan 83 p 2]

CSO: 5400/7079

BRIEFS

LEPTOSPIROSIS, OTHER MORTALITY FIGURES--Six people died from leptospirosis and there were a total of 55 cases of this dreaded disease last year, according to an official health report. Local health authorities were constantly informing the public of the dangers of leptospirosis, a disease caused by rats. The official health report said that one child died from gastroenteritis. They were 187 cases of this disease in children up to four years. Additionally there were five deaths last year from tuberculosis out of a total of 56 cases. [Bridgetown ADVOCATE-NEWS in English 17 Jan 83 p 1]

CSO: 5400/7539

BRIEFS

OUTBREAK OF MENINGITIS--Health authorities have confirmed an outbreak of lymphocitic choriomeningities in Rio Claro where 11 cases in December, 41 in January and 10 so far in February have been reported. A Sao Paulo health authority minimized the danger of this outbreak by pointing out that it is not an epidemic since there are only isolated cases. [Sao Paulo Radio Bandeirantes Network in Portuguese 1000 GMT 10 Feb 83 PY]

CSO: 5400/2044

CONCERN OVER MENINGITIS EPIDEMIC GROWS

Copenhagen BERLINGSKE TIDENDE in Danish 27 Jan 83 p 1

[Text] Another two cases of meningitis have been ascertained, but neither of these two cases is connected with the five previous cases on Amager.

An elderly woman was taken to the isolation ward of the National Hospital yesterday, but her disease arose in connection with another disease. Last Monday, a child from Ishøj was admitted to Glostrup Hospital. E. Lund, district medical officer, has had many nervous parents on the phone but gives the comforting information to BERLINGSKE TIDENDE that it is not the infectious strain.

At Værløse, the two most recent incidents of meningitis at the Seven-Star School now appear quite clearly to have been suppressed.

Richard Christensen, district medical officer, admits that he gave the order that the majority of the parents of students in the school should not be informed of the two incidents of the disease in the sixth grade (A) of the school.

Richard Christensen says: "It would have created unnecessary panic if, already on 14 January, we had spread the news to other parents than those who have children in the class in question. That is why I asked the school principal not to report the matter."

Only on 18 January did the parents receive a letter from the school when it had been ascertained that it was a question of a C strain of meningitis. Information on the two incidents of the disease, however, had leaked out beforehand. For the staff of the daycare office of the municipal authorities had a few days earlier informed parents of smaller children that a Christmas party scheduled for 15 January would be cancelled.

The letter said that the Christmas party had been cancelled "for practical reasons." However, daycare center workers told the parents on 14 January that it was due to the risk of meningitis.

Also Sigurd Riber Albrectsen, county medical officer, says that they acted correctly in not informing the parents until 18 January.

The chief medical officer of the National Health Service, Michael von Magnus, says that "they seem to have acted correctly in the matter in question. And, as long as we receive no complaints, we will not look further into the matter."

7262
CSO: 5400/2514

PAPER COMMENTS ON MENINGITIS CONCERN

Copenhagen BERLINGSKE TIDENDE in Danish 28 Jan 83 p 8

[Editorial: "The Fear of Meningitis"]

[Text] It is neither to be expected nor required of parents of children in daycare centers affected by deaths as a result of meningitis that, in the midst of their sorrow and fear, they take a rational view of the situation. It is understandable that they simply demand that the health authorities see to it that the disease does not spread.

This is a big problem which is known from previous occasions when experts, calmly evaluating the situation, have been faced with extremely emotional demands for certain precautionary measures. Adhering to the proper procedure is to the city medical officer and the National Health Service a question of more than a balancing act between human and medical considerations. It is a question of resisting a pressure which is at variance with medical responsibility, and not least of reasoning with anxious parents in such a manner that they will accept the fact that the decisions on medical steps will have to be made by the expert authorities set up for that purpose.

Physicians are not permitted to allow their actions to be governed by emotions but must be guided solely by the regard for treatment and prevention. That is the fate which they have to live with. Everybody else may give free rein to their emotions, and it is natural for the parents' association at one of the day nurseries on Amager to be greatly dissatisfied with the fact that H. E. Knipschlidt, city medical officer, refused to distribute the preventive medication Rifampicin to all child care centers, parents and brothers and sisters within a radius of 1-3 kilometers of the locations where the outbreaks of the disease occurred, so greatly dissatisfied that they lodged a complaint against him with the minister of the interior. However, no laymen are able to come up with weighty objections against the fear on the part of the city medical officer that the pathogenic germs become resistant to the drug if it is

distributed so widely, seeing that, in that case, they will not have at their disposal any drug to be used in the case of new incidents of meningitis. His hope that "parents will trust that the measures taken by the authorities are the right ones in the given situation" should be fulfilled. In the concrete medical context, this is the best thing for everybody.

However, there is another aspect to the meningitis issue, which will cause repercussions. It is a question of what in modern Danish usage is called the information level. All health matters are sensitive, not least when it is a question of children, and it is incomprehensible that the authorities have failed to realize the necessity of quickly informing the parents who, in the first instance, were especially affected. Even if the lab work on which diagnoses are based, requires time, it seems to be a question of an unnecessary delay in informing the parents of the disease. The downright suppression of two incidents of meningitis at the Seven Star School at Værløse cannot but cause misgivings. The statement made by the district medical officer to the effect that he wanted to avoid "unnecessary panic" will not be to his detriment, but the question is whether the decision making is rightly placed with him--and the parents, for their part, will have to face "the unnecessary panic"caused by maximum information on incidents of diseases in schools and daycare centers. For that reason, results are expected from the regulations which, at present, are being prepared by the Ministry of the Interior.

7262
CSO: 5400/2514

RABIES DEATH, CONTROL MEASURES

Libreville L'UNION in French 29-30 Jan 83 p 1

[Text] A rabies epidemic has just been declared in Oyem, county seat of the province of Woleu-Ntem, by the provincial cattle-raising service. The disease was detected after a dog bit a young man. The victim, in fact, was unable to resist the virus, in spite of emergency aid administered by the doctors. The established diagnosis revealed the cause of this death. It was rabies.

Also, it has been noticed for some time in Oyem that dogs and cats alike are affected and paralyzed. According to experts in the matter, these signs are characteristic of the presence of the rabies virus in the nerves of these animals.

It should be noted that rabies is a viral disease which attacks all carnivores. Sector 9 of the great endemic service is launching an urgent appeal to all animal owners to have their animals vaccinated against rabies immediately.

At the same time, a broad-based campaign to do away with stray dogs and cats in the city will be organized, in order to find a solution for this disturbing situation as soon as possible.

Doctors are recommending that anyone in the Oyem region who is bitten or clawed by a cat or dog please get in touch with a first-aid service immediately in order to have a medical examination.

9895
CSO: 5400/150

WATER AUTHORITY, CITY WORK TO IMPROVE GEORGETOWN WATER

Georgetown SUNDAY CHRONICLE in English 16 Jan 83 p 8

[Text]

THE Guyana Water Authority (GUYWA) and the Georgetown City Council are continuing collaborative efforts in their battle against economic odds to improve the supply of potable water throughout Georgetown, Mayor Mavis Benn assured citizens last night.

At the moment only three of the city's seven pumps are in working order.

Cde Benn attributed the problem to the deteriorating state of the pumps, difficulty in obtaining spares or new pumps and the increase in demand for water.

She said that while the level of the Lamaha canal returned to normal with the coming of the rainy season, "broken and bent pumps and pump shafts prevented an adequate supply of Lamaha water reaching the Treatment Plant."

Work is however progressing, through the joint efforts of GUYWA and the Municipality, to restore the service of a fourth pump by this weekend, she pointed out.

A six-inch main is also being installed at Turkeyen to increase the flow of water to Cummings Lodge by monthend, and an old well at North Ruimveldt is about to be extracted to allow GUYWA to carry out rehabilitation works in that area.

A PRODUCTION competition among the ten schools in region 2 will be launched in the latter part of January. The areas of competition will be Home Economics, Craft, Industrial arts and Agricultural Science.

Judging will cover a 5-month period and winners will receive cash prizes.

In the sewerage system, meanwhile, all reported chokes have been attended to, leaving only a "difficult one" at Main and Murray streets to be dealt with.

Rehabilitation work on the sewerage system is due to be intensified during this year.

The City Council has budgeted G$9,5 million to improve Georgetown's water and sewerage systems in 1983.

CSO: 5400/7541

BRIEFS

PROBLEM OF EXPIRED DRUGS--At least 15 different drugs have been seized from a city drug store in an extensive campaign by the Analyst-Food and Drug Department to stamp out the sale of expired drugs in the country. The Department did not name the drugstore involved but said the drugs seized by Inspectors in a swoop Monday, had all exceeded their expiry dates by over one year. They included antibiotics and oral contraceptives, the Department said in a statement yesterday. Dr Rex Woo-Ming, Government Analyst and Commissioner of Food and Drugs, said the prime objective of the Department's campaign is to "protect unsuspecting customers from unscrupulous pharmacists, who continue to sell expired drugs in defiance of several calls by the Department for them to desist from doing so." Guyana could ill afford such a situation, Dr Woo-Ming said, since the use of expired drugs could be extremely hazardous to health. The seizure Monday was the first to take place since the Analyst-Food and Drug Department accelerated its campaign in urban areas at the start of 1983. Dr Woo-Ming said the campaign provides for advice to pharmacists and members of the public and he has issued a reminder to pharmacists to seek the assistance of his department when doubt about any matter related to drug shortage and prescriptions. He urged them to desist from the practice of selling expired drugs, and to demand a prescription whenever certain drugs are requested. [Text] [Georgetown GUYANA CHRONICLE in English 19 Jan 83 p 8]

INCREASE IN GASTROENTERITIS--Medical personnel at the Linden Hospital are concerned about the increase in gastroenteritis cases in the community over the last two months. Acting Chief Medical Officer, Dr. Anthony Gomes, said that there have been "quite a few more cases than usual," as well as some infant deaths in the last few months. Dr. Gomes said that the lives of these infants may have been saved if they had been brought to the hospital earlier. Too often, he added, parents wait too long to make their own diagnosis about the nature of the illness, and this was a dangerous practice. He advised that medical attention should be sought after, at the most, the third instance of 'loose stool.' Dr. Gomes said it was regrettable that raw materials, such as sodium bicarbonate, were not readily available to prepare the combative solution for treatment. The hospital staff was taking steps however, to familiarise parents with temporary measures that could be adopted while they seek medical attention. It was explained that Oral Re-hydration Solution (ORS) is given in small doses to patients of gastroenteritis to replace fluids lost from the body through

vomiting and diarrhoea. It is the fluid loss that makes the disease fatal. It is understood that the hospital is awaiting the results of blood samples sent to the Georgetown laboratory to determine the source of the disease.--(GNA) [Text] [Georgetown GUYANA CHRONICLE in English 20 Jan 83 p 3]

YELLOW FEVER DEATHS--Five persons have died on the Guyana-Brazilian border of what is suspected to be yellow fever and a joint vaccination programme of residents on both sides of the border is to begin Tuesday. A press release from the Ministry of Health yesterday said a team from the Ministry of Health, including Chief Medical Officer, Dr. Walter Chin, and Epidemiologist Dr. Edgar London, will be travelling to Boa Vista to finalise arrangements with the Brazilian authorities. The release added: As a prerequisite for travelling into Regions 8 and 9 and the Roraima Territory of Brazil all travellers must be in possession of a valid Yellow Fever vaccination certificate. "As a priority all Yellow Fever vaccines at our immunisation centre are being shipped to Regions 8 and 9 for the programme," it stated. The Ministry of Education has already made arrangements to receive additional doses of yellow fever vaccine to assist in the programme; these are expected to arrive in the country within a few days. Meanwhile the Ministry appeals to all residents to keep their environment clean and free of bush and containers of water which serve as breeding places for the Aedes Aegypti mosquito, carrier of the yellow fever virus. [Text] [Georgetown SUNDAY CHRONICLE in English 23 Jan 83 p 1]

CHILD DEATH RATE--CITY COUNCILLORS on Wednesday last authorised the necessary expenditure for the payment of passages for a five-member delegation to travel to Ottawa, Canada, on an exchange visit early this year. It was noted in the report by the Chief Public Health Officer that the death rate for children is outstripping the birth rate. During the month of November, 1982, 40.9 per 1,000 died as against 26.6 per 1,000 live births for children under one year. Since it was the final meeting for the year 1982, PPP councillor H. Snagg called for better coordination between the Public Health Department and the City Engineer Department to tackle the acute question of a housing crisis facing the low income families in the city. He also called for a collective approach in implementing the many decisions taken in the course of 1982 for the new year and warned against personal interference from senior officials, which sometimes act as obstacles to progress, in the affairs to the Council. The Mayor noted the remarks and promised effective co-ordination between the various departments of the Council. [Excerpts] [Georgetown MIRROR in English 2 Jan 82 p 4]

CSO: 5400/7540

BRIEFS

JAPAN DONATES INSECTICIDE, SUPPLIES--The governments of Honduras and Japan signed a 5-million lempira donation agreement yesterday. The Japanese aid will be used in a fumigation campaign to control dengue and malaria. In part the donation consists of 400,000 kg of insecticide, 20 cars, 30 microscopes, 150 sprayers and 600 uniforms. [PA100142 San Pedro Sula TIEMPO in Spanish 8 Feb 83 p 3 PA]

CSO: 5400/2046

BRIEFS

CHOLERA IN ORISSA--Baleswar, Orissa, Jan 8 (UNI)--Acute shortage of drinking water caused by salinity in the wake of cyclone and floods, followed by a severe drought, has led to outbreak of cholera in an epidemic form in the district. Though official sources put the death toll at 50 the dreaded disease was unofficially estimated to have taken a toll of more than a 100 lives so far. About 75 per cent of the district's wells and tubewells were either dry or inoperative as the water level had gone down because of scanty rain last year. In Baleswar town alone, eight of the 14 pump sets supplying drinking water were unusable. [Text] [New Delhi PATRIOT in English 9 Jan 83 p 4]

CSO: 5400/7078

GENERAL REVIEW OF MEDICAL SERVICES GIVEN

London JAMAHIRIYA REVIEW in English No 32, Jan 83 p 17

[Article by Dr Alan George]

[Text] 'THE REVOLUTION means the construction of hospitals and community clinics, it means the treatment of the Libyan people to free them from illness; it means the allocation of funds for the construction of health projects'. These words of Muammer Qadhafi underline the high priority that the Al Fateh Revolution accords to the expansion of the Jamahiriya's health care services. Modern Libya now boasts a range of health facilities that is the envy of most Third World countries, and while the services available include much more than hospitals, these form the essential base of the country's health system.

The 1969 Revolution heralded a massive increase on spending in the health sector. In the last eight years of the monarchy, investment in health totalled a mere LD 16.6 million. In the first eight years of the revolutionary era, by contrast, spending on health was more than eight times higher, totalling LD 142.4 million. Per capita expenditure rose from LD 8.3 in 1969 to LD 18.6 in 1975 and LD 30 in 1978.

The energy with which the revolutionary authorities have applied themselves to the health sector is also apparent in the progress attained. In 1968 there were only 41 hospitals in Libya, with 5,646 beds. Ten years later, there were sixty, with 13,347 beds. The ratio of beds to population increased from 3.4 per thousand in 1970 to more than five per thousand in 1975.

A continued emphasis on health services is evident in Libya's $62.5 billion 1981-85 development plan, which allocates almost $9 billion to the health sector. The plan aims to increase the number of beds from 14,472 in 1980 to about 23,765 in 1985, with an improvement in the bed/population ratio from 4.5:1,000 to 6:1,000.

The Jamahiriya is aware, however, that a first rate health system depends as much, if not more, on highly skilled personnel as on modern facilities. The 1981-85 plan calls for the training or recruitment overseas of one thousand new doctors, and 2,500 medical technicians to bring the respective totals in 1985 to 5,280 and 4,830. The plan foresees an increase in the ratio of doctors to population from one per 755 in 1980 to one per 750.

General hospitals

The plan provides for the completion of two 1,200-bed general hospitals in Tripoli and Benghazi, the construction of 200-bed hospitals in Sabratha, Mislatta, Zahra, Tarhouna, and Ben Gashir, and the building of twelve 120-bed hospitals, one of 400 beds and one of fifty beds, in other parts of the Jamahiriya. 27 small village hospitals are planned. In addition, five existing general hospitals will be expanded by the addition of 182 beds.

Initially, Libya's main preoccupation was to establish a country-wide network of general hospitals, but increasingly as this target has been approached the trend has turned towards greater specialisation. The current five year plan, for example, calls for the construction of a 500-bed surgical hospital and a 1,200 bed mental hospital, and these are in addition to smaller centres for the treatment of cancer, kidney diseases, glandular disorders, chest ailments and dental

problems.

Developments over the past year illustrate the progress that is being attained. After a delay of six years, work has resumed on the central hospitals in Tripoli and Benghazi. Designed in the late 1960s by the Swedish firm Uniconsult, the two hospitals will both have three 400-bed blocks. When work on the schemes halted, only the civil work had been completed, and the two buildings will each cost about $135 million to complete. Each will have a staff of about 5,000.

The Jamahiriya's General Building Company began work in February on a two-year contract to finish the Benghazi hospital, with the Italian Compagnie Elletrotecnica Italiana as the main subcontractor for electrical work and the Aster International concern of Milan as main subcontractor for mechanical works. Britain's James Cubitt & Partners is responsible for construction supervision. South Korea Daewoo Corporation, meanwhile, was awarded a thirty-month contract to complete the Tripoli central hospital, and work started in January.

Maternity

In May it was announced that the new central hospital in the south western town of Ghadames was almost complete. The 134-bed hospital, fully equipped with the most modern equipment, has operating theatres, and units for maternity, gynaecology, contagious diseases, intensive care, casualty, cardiology, brain scanning, chronic illnesses and physiotherapy. The hospital complex includes doctors' and nurses' residences and a mosque.

The Jamahiriya's health planners are determined to assure a wide distribution of hospitals and other facilities throughout the country so that all Libyan citizens have ready access to them. To function at optimum capacity, however, the larger and more sophisticated facilities must be located in the main towns and cities. To overcome the problem, a flying doctor service was inaugurated last year, which enables doctors to fly out to patients, and allows rapid hospitalisation when required. Announcing the new service, the Jamahiriya news agency JANA disclosed that the Health Secretariat had bought three helicopters and two fixed-wing aircraft for the service, and that thirty pilots for the medical aircraft had completed their training. Last June it was announced that the Italian firm Italconsult had begun designs for twenty heliports, to be built near hospitals throughout the Jamahiriya.

CSO: 5400/4604

BRIEFS

HEALTH PROJECTS MOVE AHEAD--TWENTY ONE health schemes have recently been completed in the Jamahiriya, including one village and seven urban hospitals, and several basic health care centres, Tripoli radio disclosed on 19th November. It added that contracts worth LD 85 million had been signed for the construction of two general hospitals, at Benghazi and Qubbah, and for the completion of a third, and for building sixteen medical training institutes. Citing Health Secretariat statistics, the report announced that work was under way on 91 other health projects, including five general hospitals, ten village hospitals, 49 basic health centres and a school for assistant nurses at the town of Gharyan. Contracts had been signed for the construction of six out of 24 planned medical warehouses. In addition, plans were being prepared for a 1,200-bed mental hospital and a specialised tuberculosis hospital. The Libyan Jamahiriya's $62.5 billion 1981-85 development plan allocates $1.9 billion to the health sector and calls for an increase in the number of hospital beds from 14,472 in 1980 to 23,765 by 1985. The ratio of beds to population is set to rise from 4.5:1,000 to 6:1,000 over the same period. The number of doctors is planned to rise from 4,300 to 5,280, and the number of medical technicians and assistants from 2,300 to 4,830. [London JAMAHIRIYA REVIEW in English No 32, Jan 83 p 18]

CSO: 5400/4604

BRIEFS

AMOEBIC DISEASE--RESIDENTS in Borno State have been advised to apply the basic rules of hygiene to curb the alarming rate at which the amoebic disease was currently sweeping across the state. In a statement issued last week-end in Maiduguri, a state senior health officer Malam Yamta Kachalla, recommended that cooks and stewards working in government hotels and catering rest houses should undergo medical examinations before being allowed to continue his or her ervices as food handlers. He said that health officials must ensure that all eating houses in the state were kept clean and that those which fall short of hygienic requirements should be shut down. He named dysentery and diarrhoea as the early symptoms of the decease and called on the people to report to the nearest hospital as soon as these signs were noticed. [Text] [Lagos DAILY TIMES in English 15 Jan 83 p 13]

MENINGITIS, MEASLES VACCINATIONS--The Sokoto State Ministry of Health has stepped up efforts to control the spread of communicable diseases in the state. In a press release issued in Sokoto, the Commissioner for Health, Alhaji Yahaya Nassarawa, noted that more than 1.6 million people were vaccinated between January and October, last year, against various diseases. The commissioner said that over 723,000 people were immunised against cerebro spinal meningitis while some 200,000 others were vacinated against measles. He stated that the exercise made significant impart particularly in the control of cerebro spinal meningitis of which there was on significant out break throughout last year. [Text] [Kano SUNDAY TRIUMPH in English 16 Jan 83 p 2]

MENINGITIS VACCINATIONS--THE Suleja Local Government has began a massive vaccination campaign against possible outbreak of cerebro-spinal meningitis. The two week vaccination campaign began last Monday at the Suleja Health Office. It opens from 9 a.m. to 12:30 p.m. daily. The Principal Health Superintendent in Suleja, Mr. Mathew Goodluck Ozimede told the New Nigerian on Wednesday that the main cause of meaningitis was over-crowding in small rooms during the dry and hot season. Mr. Ozimede said the most effective measure against the desease was immunisation. He also advised that people should not sleep in over-crowded rooms in order to safeguard themselves against the desease. [Abdullahi Idris] [Text] [Kaduna NEW NIGERIAN in English 22 Jan 83 p 7]

CSO: 5400/138

BRIEFS

MENINGITIS OUTBREAK REPORTED--Three pupils from Croftholmen secondary school in Stathelle, Telemark, have been admitted to the Porsgrunn division of the Telemark Central Hospital with infectious cerebrospinal meningitis. The first case was registered last Tuesday, but although the hospital recommended closing the school then, this was not done until Friday when two more cases of infectious cerebrospinal meningitis were found. All three boarding-school pupils, who are around 16 years old, are on the road to recovery, according to the doctor on duty at the hospital, Per Urdahl, speaking to AFTENPOSTEN. "On our recommendation, the school has now been closed and the students have been separated due to the danger of internal contagion," said Per Urdahl, who felt there was little risk of an epidemic and that meningitis is not a dangerous illness if it is recognized and treated quickly. "Infectious cerebrospinal meningitis occurs most often in small environments where people live close together, as they do in military camps, boarding schools and sports camps. It is possible that people are more apt to succumb to infection if their living conditions have changed. But the situation is now under control and the three are doing well." [Text] [Oslo AFTENPOSTEN in Norwegian 7 Feb 83 p 11] 6578

CSO: 5400/2517

AVAILABLE HEALTH CARE DESCRIBED; WAYS TO END SHORTCOMINGS SUGGESTED

East Burnham ARABIA THE ISLAMIC WORLD REVIEW in English Jan 83 pp 50-51

[Article by Dr Sohail Ahmed]

[Text] Health and wellbeing are among the basic services that an Islamic state should provide its people. Pakistan's commitment to Islamisation must involve a reassessment of the national health system.

There are basically two types of medical services in Pakistan – private and government-sponsored. The most common and popular service is that offered by **private enterprise**, which may generally be split up into four main sections:

General Practitioners. They are the properly qualified medical doctors who have full registration with the Pakistan Medical and Dental Council. Any new medical graduate can take up general practice without any training in family practice or family medicine. GPs are most popular among the urban population: their charges vary enormously; they usually dispense medicines at their own clinics. It is said there are now 4,400 private practitioners, with over 80 per cent of them serving the 28 per cent of the country's population that lives in the cities.

Eastern Healers. This includes the "Unani Ayurvedic" and homoeopathic practitioners. Of the estimated 47,000 such healers, few have any regular training or licence to practise. They are most popular in the countryside; they usually combine their homoeopathic and eastern medicines with the most potent alleopathic medicines, and dispense them in the form of mixtures or powders etc. Some acquire the status of a saint or religious divine in rural communities.

Paramedical and Allied Personnel. Popularly known as "quacks," these are people who work at government or private institutions as nurses, dispensers, technicians, midwives etc, and have picked up practical skills without any theoretical knowledge. Midwives at private clinics carry out criminal abortions at great cost.

Consultants and Specialists. Considered to be the elite of the profession, their total number does not exceed 1,000. They are largely confined to the major cities, where they usually practise from private chambers near, or within, a private hospital. In Rawalpindi, Lahore and Peshawar, many have their consultancy rooms at home, referring to private hospitals for treatment and tests. Over 6,000 hospital beds in the country are privately owned with no fixed charges.

The other type of medical care available in Pakistan comes from **government-sponsored health institutions** and services, which are provided by federal, provincial and the local government agencies. In the **cities** there are three major types of health institutions:

Teaching Hospitals. Mostly attached to the medical colleges, they are usually inadequately staffed. The hospital's central administration is in the hands of the Medical Superintendent (MS). Tests and treatment are supposedly free. It is the MS's responsibility to cater to the needs of wards and departments.

District Hospitals. These operate on the same lines as the teaching hospital, except that their size, range of facilities and junior-doctor staffing level is usually limited. They are mostly run by the provincial and local governments.

Government Dispensaries. These operate under the auspices of federal, provincial or local governments. The Medical Officers working in them are primarily looking for patients for their private clinics. The dispensaries are officially open all day, and supposedly have adequate medical staff and drug supplies.

Other medical services sponsored by government agencies in urban areas include

maternity and child health centres, family planning associations and port health authorities.

The various types of medical services in the **rural areas** include rural health centres, basic health units, dispensaries and a few small hospitals. It is estimated that only 32 per cent of the rural population lives within 3km of a health centre, and that some 21 per cent live more than 15km from any medical facility.

The total number of rural health centres is estimated at 290, making an average of 191,350 persons per dispensary. Out of 46,000 hospital beds in the country, only 18 per cent are in the rural areas.

HAVING REVIEWED the two-tier structure of the existing health system, it is now necessary to look at the major differences within it.

Private medicine is riddled with corruption and malpractice: the fierce competition between GPs in urban areas leads them to seek a rapid alleviation of symptoms, regardless of after-effects and long-term consequences. The GPs mix potent drugs with various innocuous mixtures and powders in order to avoid any legal complications.

The specialists practising in wealthier parts of the cities seek to prolong treatment, and take every opportunity to involve their patients in the intricacies of hospitalisation, investigations and frequent visits. The specialists and GPs are primarily interested in two types of clients: prosperous individuals, and those whose companies pay for them. (These employees quite often exchange the drugs prescribed for domestic items and cosmetics from chemists.) The income tax department is usually not concerned about accurate tax assessments from these people, as they themselves and their families are given free professional services.

The unqualified practitioners have their own ways and means to exploit the poor. They usually acquire medicines from the government hospitals and dispensaries and sell it at their clinics.

The situation in the government institutions is even worse. Government spending on health currently runs at about Pakistani rupees 1.82bn ($143m), which puts per-capita expenditure at about PR50 ($4). However, even the major urban hospitals have inadequate supplies of essential and common drugs, and patients must usually pay for their own drugs in an officially free hospital.

The Medical Superintendent, or hospital administrator, is usually responsible for providing and organising medical services, but it has been my personal observation that barely 10 per cent of the patient's medical expenses are borne by the hospital.

The hospital administrator (usually a qualified doctor), in collaboration with the purchasing, accounts and administration departments, systematically misspends the budget for private profit. The drugs, drips and equipment provided in the government hospitals are of inferior quality.

Thus, ordinary people sometimes do not have access to basic medical facilities. But when a senior government official is admitted to the hospital, even for minor treatment, expensive items are specially bought for him by the hospital.

The consultants working in the government hospitals and teaching institutions are primarily interested in their private practices. They usually seek attachments to teaching hospitals in order to attract patients to their private clinics. This is evident from the fact that the busiest consultants are attached to the medical faculty of a teaching hospital. Most of them are rarely available at the time of any emergency, leaving the patients at the mercy of the junior staff.

The government dispensaries and rural health centres are often closed while the medical officers and staff spend their time in their own private clinics. There is no emergency cover available at any government dispensaries or rural centre.

IN ORDER to suggest a practicable health system, it is necessary to identify the most common of the population's ailments. The main causes of death and disease in Pakistan, according to a recent government survey, are as follows:

Infective and parasite diseases	**64%**
Malaria	**11%**
Congenital anomalies, birth injuries and perinatal mortality	**8%**
Tuberculosis	**6%**
Accidents, poisoning, violence	**2%**
Other diseases (inc. heart, diabetes and surgical problems)	**9%**

More than 80 per cent of these diseases are carried by contaminated water. Only congenital anomalies and perinatal mortalities require highly specialised and costly diagnostic facilities.

It is therefore important that special emphasis be laid on preventive medicine, which should be the pivot of Pakistan's health policy. At present, less than 12 per cent of total health expenditure goes for preventive measures.

Furthermore, foreign aid policies and other considerations have favoured vertical programmes against particular diseases, at the expense of strengthening general health services. The expensive Aga Khan medical complex currently being built is a typical white elephant project, which can contribute little towards Pakistan's real health needs.

Drastic measures are needed to implement a radical new health policy that will guarantee free medical cover. The basic health requirements of the general population are few, and can be summarised as follows:

- Access to a doctor at the time of ailment, with state-funded consultations and drugs;
- Referral to district hospitals, where proper inpatient treatment and diagnostic services should be available;
- There should be a small district hospital with three main units within 3km of every citizen. Specialist consultation at these hospitals should be available once a week at least, and these hospitals should be recognised for postgraduate training to encourage junior doctors to take up jobs there. Junior doctors should be attached to rural health centres for the first two years after they qualify.

There are a number of measures that could help to achieve these aims. A **committee** should be formed, in every urban mohallah and rural area, of the imam of the mosque, a qualified doctor, and some honest members of the community.

They should set up **model clinics** that would gradually replace private general practice. The managing committee should be authorised to control the ordering and distribution of drugs and other items. The doctor in charge should be adequately paid, and all doctors working in these clinics should be in continuous rotation. Surveillance checks should be made regarding the stocking of drugs.

A **postgraduate scheme** whereby a medical graduate becomes a specialist three years after graduation should be set up, and these home-trained specialists should be preferred over foreign-qualified doctors. This would both discourage doctors from going abroad and ensure a secure career back home. It should be made clear that foreign-qualified doctors would not be allowed to return home after a certain period, say three years.

Postgraduate degrees such as FRCS, MRCP and MD should be awarded to the doctors trained at home. Foreign degrees are primarily status symbols in Pakistan: the present College of Physicians and Surgeons, which is dominated by foreign-qualified doctors, should be dissolved.

A new Pakistan Medical and Dental Council (PMDC) should be constituted, headed by a home-qualified specialist and with no foreign-qualified members. This council should be empowered to form registered colleges in all major cities.

Doctors affiliated to these colleges should, after completing the required training in their chosen field, be awarded fellowship or membership of the registered college of surgeons or physicians.

Private practice in the country should be completely banned, and the health service totally nationalised. All hospitals and government clinics should be taken over by the government, and private consultancies should be within the framework of the national health service.

All the hospitals, including the nursing homes, should be managed by a committee with the most pious man or the most senior doctor as its head. The committee should include some of the hospital's junior doctors, to ensure enthusiasm in detecting inadequacies and discrepancies.

These suggested reforms are mostly in the nature of structural changes. They would, of course, involve an increase in the total expenditure allocated to the health sector, but it must be noted that Pakistan has a poor record in this respect: the central government per-capita health spending of PR 50 per year compares badly with per-capita income of PR 4,000. A doubling of the health budget is not unjustifiable, or inefficient in terms of the benefit that it would eventually produce.

It is of prime importance that the bulk of the population should have access to **safe water**. At present the proportion with access to safe water is 29 per cent in Pakistan – against 53 per cent in Bangladesh, 51 per cent in Iran, 75 per cent in Turkey and 33 per cent in India. There is therefore a prima facie case for urgent priority to be accorded to the task of improving the sanitation and the preventive health system in the country.

An increase in total resources devoted to the health sector is a necessary but not a sufficient condition for improving the efficiency of the health system. It suffers from systematic deformities that cannot be removed unless the underlying conceptual paradigm is abandoned.

The most crucial need is to orient the system to serve the needs of the overwhelmingly rural majority. This must involve a reduction in the power and influence of the foreign-trained specialists and consultants who have so far dominated both medical policymaking and medical practice in Pakistan.

It must also involve imaginative experimentation and innovation in order to increase access to medical services, and to optimise their efficiency. A regime committed to Islamisation must address itself to this challenge if it expects the people to take its Islamisation policies seriously.

CSO: 5400/4711

PLEA FOR PAYING DAMAGES TO PATIENTS

Karachi DAWN in English 1 Feb 83 p 8

[Text] "Surgeons and doctors should pay to the patients in cash damages in case of negligence of duty and some suitable arrangements should be made for prompt payment of compensation to the victims."

This view was advocated by noted surgeon Col. Saeed Ahmad, at a Rotary Club luncheon meeting yesterday.

Speaking on "Accountability of Medical Profession", he said, at times physicians and surgeons had to take urgent decisions, and that too without consulting anybody, to save the life of a patient. Sometimes the decision might not be correct, but he pointed out that "callous negligence" on their part should not be taken lightly.

He also briefly recounted the development of medical profession from early Greek period to the present day.

Referring to other aspects of the profession, Col. Saeed said, "Pakistan Medical and Dental Council sits as a watch-dog and a doctor may be hauled up for observing strike etc." He also listed issues relating to medical ethics that forbid a doctor from seeking "self-publicity" through the media. He said even the "name-plate" of a doctor should not have a "publicity angle." A doctor is accountable to the authorities, if he is serving some Goverment or semi-Goverment institutions. He is accountable to the PMDC for "acts of omission and commission."

Concluding he said the doctor-patient relationship "should be based on mutual respect for each other."

Earlier the, President of the Club, Mr. Roohul Amin, introduced the guest while Dr. Mervyn Hussain thanked the audience.

CSO: 5400/4711

NURSING TRAINING INSTITUTE TO BE SET UP

Karachi DAWN in English 1 Feb 83 p 8

[Text]

A nursing training institute is to be set up soon at the newly-opened 110-bed Usman Memorial Hospital, Haji Hashim Haji Ahmad, Chairman of the hospital's Management board, said at a reception hosted by him at the hospital in honour of newly-elected office-bearers of KUJ (Rashid Siddiqui Group) last evening.

He appealed to the Government to permit the Usman Memorial Hospital to handle accident cases.

At the hospital built in memory of Haji Hashim's son, Mr. Usman, who died when the project was in very early stage, poor patients are treated free of charge, while affluent pay a reasonable but non-commercial rate.

The hospital is equipped with sophisticated apparatus, X-Ray plant, operation theatre and other facilities. It was completed in August last and has so far treated 2,760 out-door patients. The trust also runs a free mobile dispensary.

Mr Mamnoonur Rehman Khan, Secretary-General of PFUJ and Mr Latif Jafri, President of KUJ, appreciated the efforts of the trust and extended cooperation to the noble cause.

CSO: 5400/4711

TUBERCULOSIS FIGURES CITED BY OFFICIAL

Karachi DAWN in English 1 Feb 83 p 9

[Text]

Over ten million people die of T.B. every year in the third World countries including Pakistan, the World Congress of International Union against T.B. noted at its 35th session at Buenos Aires recently.

The incidence of TB in the Third World countries, including Pakistan, had not declined but was in fact on the increase, it observed.

In Pakistan, incidence of TB had grown following the influx of Afghan Refugees, and now upto five per cent of the total population may be infected with TB, the leader of Pakistan delegation, Dr. Abdul Hayee Saeed, said on return to Karachi after attending the congress.

Out of the known TB cases, at least one per cent died annually in Pakistan; he added.

Most of the affected people in Pakistan belong to low-income groups who cannot afford the expensive treatment. Therefore, the Chest Specialists Panel, of which Dr. Saeed is the Secretary, has recommended to the Government to utilise 'Zakat Funds' for the purchase of medicines for such poor patients.

The pharmaceutical industry should also be persuaded to 'reduce profit margin' on drugs and medicines used in the treatment of TB to bring it within the reach of the low-income group, he said.

Two Mass Minfature Radiography (MMR) Units donated by Canada for early detection of TB are being used among Afghan refugees in NWFP, he said.

Federal Health Minister, Dr. Nasiruddin Jogezai, will soon chair a meeting of the Chest Specialists Panel to discuss suggestions for control and the eradication of TB in Pakistan, he added.

CSO: 5400/4711

BRIEFS

HOSPITAL PLANNED IN LAHORE--LAHORE, Jan 27--The Punjab Governor, Lt-Gen Ghulam Jilani Khan, has ordered that the mental hospital on Jail Road, Lahore, should not be shifted to anywhere and instead a modern hospital comprising 400 beds should be built at the existing premises. This was disclosed by the Provincial Health Minister, Mr Hamid Nasir Chatha at a meeting here on Wednesday. He said that a master plan has already been prepared to build a new modern hospital where patients would be hospitalised according to modern concepts and methods of treatment. Separate units will also be constructed for the socio-economic rehabilitation of the mental patients. The master plan also contains the setting up of an Institute of Post-Graduate Training of Mental Diseases for nurses. [Karachi DAWN in English 28 Jan 83 p 8]

CSO: 5400/4711

PUBLIC HEALTH CONFERENCE DISCUSSES REFORMS

HK080347 Changsha Hunan Provincial Service in Mandarin 2310 GMT 4 Feb 83

[Text] According to a HUNAN RIBAO report, the provincial work conference on public health, which closed on 4 February, put forth focal points for reform in current public health work and relevant measures. The aim is to overcome such defects as monopoly on operations, "eating from the same big pot", applying the same fixed rule to every case, and so forth. This is also to arouse the enthusiasm of the masses of public health workers and satisfy mass needs in preventing and curing diseases. Regarding management systems, we must relax policy restrictions. While developing the medical and public health system under ownership by the whole people, we must energetically support the collective operation of medical services and the practice of medicine by individuals. The reform of management methods calls for applying the principle of practicing independent accounting to collectively owned hospitals under the district, assuming responsibility for an enterprise's profits or losses, basing distribution on work and introducting democratic management, with the support of the state. This assures collective medical units of an ability to exercise autonomy in regard to human, financial and material resources. For all public health undertakings at the administrative office level, we should grant subsidies on a flexible basis.

Meanwhile, we must support the conducting of experiments and gradually practice a wage system combining floating wages with fixed wages and nonfloating wages. State medical and public health units must reform the management system and establish an on-the-job responsibility system within the relevant unit. They must combine responsibility with power, make a strict assessment of work output and qusLity, keep records of marks as a basis for the award of prizes, and introduce a system calling for both rewards and penalties. Existing charges for medical services are lower than costs. We must expand the system calling for two ways of making charges. First, we must charge those people under free medical service and labor insurance schemes fees based on costs, not including the wages of medical worekrs. Second, we must subject private patients to existing charges.

CSO: 5400/4126

BRIEFS

SCHISTOSOMIASIS BEING CONTROLLED--Tacloban City (PNA)--A massive control and eradication program against the dreaded-schistosomiasis disease is now in full swing in Leyte province, according to the Ministry of Health (MOH) regional office here. Health Regional Director Manuel G. Roxas said the accelerated Health program is designed to completely eradicate the disease within three to four years. The disease, very prevalent in water-logged rural areas, has hindered the full agricultural development of the province and contributed to the depressed conditions of the region, Roxas said. Spearheading the schistosomiasis control project in Leyte is Dr. Bayani Blas of the Palo, Leyte schistosomiasis control center. He is assisted by government agencies such as the National Irrigation Administration, the Ministry of Public Works and Highways, the National Food Authority, the Ministry of Agriculture and the Leyte Sab-a Basin Development Authority (LSBDA). According to Roxas, Schistosomiasis has been found to be prevalent in about 25 endemic Leyte town about 2,000 individuals in the entire Eastern Visayas region are found afflicted with the disease. [Text] [Cebu City VISAYAN HERALD in English 21 Jan 83 pp 9, 11]

CSO: 5400/4369

PHARMACEUTICAL INDUSTRIES REVIEWED

East Burnham ARABIA in English No 17, Jan 83 p 5

[Text]

The first Middle Eastern medical intravenous solutions (IVS) factory has begun production in Jeddah, Saudi Arabia. Pharmaceutical Solutions Industries (PSI), a $9.3m Saudi-West German joint venture, will initially produce IVS for the Saudi market, but eventually hopes to supply the region.

Registered in Jeddah and based 12km away in the Red Sea port's industrial area, PSI is the first industry of its type in the kingdom. The three main shareholders are the Al Fassi Trading Company of Saudi Arabia (32 per cent), Dr Saleh Ambah, a Saudi pharmaceuticals expert (19 per cent) and Frezenius of Bad Hamburg (12 per cent). The remaining 37 per cent is held by a number of smaller Saudi partners.

The company chairman is Dr Sheikh Shams ud Din al Fassi, whose well-established Al Fassi Group includes the Al Fassi Trading Company, Al Shams Medical Company and Al Shams Medical Purchasing Division. The latter two companies were both strongly represented at the Saudi Medicare '82 exhibition, which was held in September at the prestigious Al Dhiafa centre near Riyadh.

Al Shams Medical Purchasing Division, a leading hospital supply group, is the exclusive procurement agent for the Saudi ministry of defence and aviation hospitals, in conjunction with a British hospital management and consultancy group, Whittaker Corporation.

Both Al Shams Medical and Al Shams Medical Purchasing will serve the PSI plant with technical and general consultancy advice.

The PSI plant arose out of the Saudi health ministry's 1977 drive to tighten controls and to improve the quality of both prescription drugs and paramedical products – and to rationalise standards in sales and promotion.

Work started on the factory in 1980; a year later the machinery was installed; during 1982 quality control and other key technical equipment was put in and passed by the ministry's inspectors. Technical advice on the plant's design came from Pharmaplan Consultants, a Frezenius subsidiary.

There are now more than 50 major hospitals in the kingdom, with capacities ranging from 100 to 500 beds. Each hospital uses between 150,000 and 300,000 flasks of IVS a year.

Dr Nagi Ghattas of the Al Fassi Group told *Arabia* that, in line with Saudi government policy, PSI is now training 200 Saudi nationals in West Germany and has recruited Saudis for the key areas of production control. The plan is to use more Arab nationals than at present. The foreign staff needed for the time being have two-year renewable contracts, and include Egyptians, Pakistanis, Germans and Indians.

The PSI project was assisted by the Saudi Development Fund, a government agency that supplied loans and land. Most PSI products will supply the government sector, in particular the ministry of health hospitals and military hospitals at Tabuk, Khamis Mushait, Jeddah and Al Batin.

The new plant is set to hit full production capacity within three years. Its adaptable construction design will allow it to expand with its share of the region's IVS market.

CSO: 5400/4510

BRIEFS

NATAL CHOLERA DEATHS--DURBAN--Three people have died of cholera in Natal in the past week bringing to 23 the number of deaths in Natal and KwaZulu since the beginning of August. Last week there were 329 suspected cases in Natal and KwaZulu of which 123 were confirmed. The people who died from cholera were from Scottburgh and Umkomaas on the Natal south coast and from Clairwood in Durban. In the past six months 1 623 people have been treated for the disease. [Text] [Johannesburg THE CITIZEN in English 5 Feb 83 p 11]

CSO: 5400/155

BRIEFS

MBOZI DISTRICT DYSENTERY INCIDENCE--Three cities in Mbozi District are confronted by an outbreak of dysentery which began in November last year and caused the deaths of 25 people. The chief of Mbozi District, Edward Mnyawami, said that from November last year to the present there have been a total of 536 dysentery patients. Mnyawami stated that in the village of Msamba alone there were 153 patients and of them 13 died, in the village of Chiwezi there were 94 patients of whom one died and in the village of Chindi there were 77 patients and of these nine died. Also he said that there were a total of 47 patients who were transferred to district hospitals from these villages and of them two died. Mnyawami said that now there are nine remaining patients in the village of Msanga, five in the village of Chindi and that there are no patients in the village of Chiwezi. [Excerpts] [Dar es Salaam UHURU in Swahili 26 Jan 83 p 4]

KASHISHI MEASLES DEATHS--In Kashishi village, Urambo District, Tabora Region 12 children have died this week as a result of measles. The chief physician of Urambo District, Dr Constantine Kasalala, told SHIHATA the day before yesterday that in addition more than 20 children are being treated for measles. Dr Kasalala also said that as a result of poor communications from Kashishi village, which is on the border of Kahama District in Shinyanga Region, 80 kilometers from the city of Urambo, as well as the shortage of gasoline in the district, it was difficult to go immediately to treat these patients. He added that a group of physicians, primary village workers and nurses from the hospital in Urambo, left the day before yesterday to go to Kashishi village, where they will remain and treat all patients who have measles. He added that the children who died and those who caught the disease were 1-5 years old and that the village has 1,695 residents. [Text] [Dar es Salaam UHURU in Swahili 29 Jan 83 p 5]

DYSENTERY INCIDENCE, DEATHS--A total of 25 villages in Masasi District, Mtwara Region, still have cases of dysentery, which broke out in this district in November, last year. The chief of Masasi District, A. M. Khamsini, said yesterday that four persons died and another 405 received treatment up to 25 January, this year. Khamsini also said that this disease, which started with 53 patients in the villages of Nachura, Michiga, Nayumbu, Mangaka, and Kilimanihewa, has now spread to the five sub-districts of Nanyumbu, Nakopi, Lisekese, Chiungutwa and Lulindi. The single sub-district which has not yet been affected by this

disease is Mchauru, and according to the explanations of Khamsini, 250 people have fallen ill and been treated this month. Khamsini made clear that of the 250 sick persons who are continuing to be treated, 64 have been hospitalized in the Mkomaindo District hospital, in the city of Masasi, and another 186 are in various villages. [Excerpt] [Dar es Salaam UHURU in Swahili 27 Jan 83 p 3]

NEW LEPROSY TREATMENT METHOD--A new method of treating leprosy known as 'combined drug treatment' will start being used in Tanzania later this year following its recommendation by the World Health Organisation. The new method would first be applied in five regions and would be introduced to other regions if it proves more effective. According to Dr S. J. Nkinda of the Ministry of Health, 3,984 new patients were diagnosed in 1981 while 46,150 were registered for treatment. This was the result of a new national control programme started five years ago by the ministry. Ndugu Nkinda said this was, however, less than 50 per cent of the estimated total number of patients in the country. In a recommendation to governments and voluntary organisations in the world, the World Health Organisation (WHO) stressed the need for new approaches for treating the disease. The gist of the recommendation is to abandon the treatment of the disease using only one drug, Dapsone, and instead use a combination of drugs", Dr. Nkinda explained. The new approach is said to have the advantage of 'preventing the appearance of organisms which are resistant to any of the drugs in the combination. It also shortens the duration of treatment. [Muasho Kimaro] [Excerpt] [Dar es Salaam DAILY NEWS in English 31 Jan 83 p 3]

CSO: 5400/156

WARNING ON HARD-TO-CURE MALARIA STRAIN REPORTED

Bangkok THE NATION REVIEW in English 19 Dec 82 p 1

[Text] A SENIOR United Nations official has warned that a new strain of malaria with strong resistance to medicines had killed about 70 Thais on the Thai-Kampuchean border and another 20,000 to 30,000 persons are being affected by the disease.

Sir Robert Jackson, UN Coordinator for Refugees said in New York, on Friday that a team of World Health Organization (WHO) experts will visit the Thai-Kampuchean border in February, next year, to look into this looming health threat to the border residents.

Sir Robert told a meeting of countries donating humanitarian assistance to Kampuchean refugees during a conference in New York that a similar hard-to-cure malaria strain had also claimed a large number of lives in Africa.

The UN senior refugee official said that several Thai villages on the Thai-Kampuchean border were being threatened by the disease which is posing a creeping health danger.

Contacted yesterday, Director General of the Department of Medical Sciences, Dr Manasvi Unhanand, told *The Nation* that the new kind of malaria found on the Thai-Kampuchean border had developed strong resistance.

"We first discovered the new malaria strain among some Kampuchean refugees on the border. That was about three years ago. But it has spread recently," he said.

The Malaria Division of the Department of Medical Sciences had earlier reported that the number of malaria patients had risen from 390,000 in 1980 to 470,000 last year, with the Thai-Kampuchean border being the main problem spot.

Dr Krongthong Timasarn of the Malaria Division had said that local migration of people in malaria-infested areas was one of the reasons contributing to the spreading of the disease.

The doctor said that the areas most affected by the disease are on the Thai-Kampuchean border. However, she claimed that the Public Health Ministry had been able to place the problem under control.

She said that her department had produced a new anti-mosquito lotion called "Diethyl Toluamide" which has proved effective in areas of its experiment. The lotion is not put on the market for commercial sales.

CSO: 5400/4372

MALARIA ERADICATION EFFORTS REPORTED

Hanoi QUAN DOI NHAN DAN in Vietnamese 2 Jan 83 p 2

/Article by Xuan Minh: "Malaria Eradication, One of the Biggest Achievements of the Public Health Sector"/

/Excerpts/ One of our public health sector's biggest achievements which has attracted foreign praise is the effort to abate and eradicate dangerous epidemics, such as smallpox, polio, cholera, malaria, etc. Malaria eradication has played an important role in these accomplishments.

The Malaria Institute has taken appropriate policies and measures to promote malaria eradication in localities throughout the country. In the past 7 years, along with the public health sector, these localities have achieved encouraging and proud results in malaria eradication.

The level of protection of 8 million people in the north against malaria has been maintained, while malaria incidence has been reduced by nearly 6 times in the south.

In 1982, in northern provinces the malaria parasite carrier rate stood only at 4.1 per 10,000 people, while in southern provinces this rate was down from 150 per 10,000 to 33.8 per 10,000. Noticeable reductions in the parasite carrier rate have been achieved in many provinces: Quang Nam-Da Nang, from 74.7 per 10,000 down to 4 per 10,000; Nghia Binh, from 6.21 per 10,000 down to 6.2 per 10,000; Lak District in Dac Lac, from 390 per 10,000 down to 37 per 10,000, etc.

Getting ready for 1983, public health cadres, physicians and personnel of the Malaria, Parasite and Insect Institute, pleased by past achievements and encouraged by the rewards recompense--the Labor Order 1st Class conferred by the government--continue to strive for new achievements in malaria eradication.

9213
CSO: 5400/4368

FORTY-FIVE CHOLERA DEATHS IN LUAPULA IN FIVE MONTHS; NEW OUTBREAKS

Lusaka TIMES OF ZAMBIA in English 6 Feb 83 p 7

[Text]

FORTY-FIVE people have died from cholera in Luapula Province in the past five months and fresh outbreaks of the killer disease are still being reported in some of the districts.

Chairman of the provincial cholera surveillance committee Mr Lufwendo Imasiku said in Mansa that the 45 deaths were recorded between September and the end of January when 614 cases were reported.

Mr Imasiku, who is the under-secretary there, said between September 2 and January 569 cases were reported in Nchelenge district out of which 41 people died. Kawambwa district recorded four deaths out of 45 cases reported between November and January.

The surveillance committee established more than seven temporary treatment centres to speed up the treatment of patients and the immunisation exercise.

Mr Imasiku said strict instructions had been given to the villagers through Party committees to ensure that cholera victims were buried under the supervision of health staff to avoid the spreading of the disease.

Wiped out

Party officials were carrying out political education asking the people to minimise their movements and it was paying off.

"Cholera cannot be wiped out completely as it breaks out sporadically and it takes seven days for the victims to develop symptoms."

Villagers had provided empty houses which were being used as treatment centres.

A team of medical staff had been stationed in Nchelenge, Kawambwa and Mwense and were carrying out immunisation programme.

Luapula Province had enough stocks of drugs and provincial medical personnel visit the areas frequently to check on how the health campaign was being carried out.

CSO: 5400/158

VICTORIA TESTS EMERGENCY FOOT-AND-MOUTH PREPAREDNESS

Melbourne THE AGE in English 10 Dec 82 p 5

[Article by Carol Sides]

[Text] The Victorian Department of Agriculture yesterday demonstrated its animal disease emergency plan to combat foot and mouth disease.

The chief of the department's division of veterinary field services, Dr Bob Campbell, conducted a mock council of war around maps and stacks of telephones at the Veterinary Research Institute, less than five kilometres from one of the most likely starting points of any future outbreak: Melbourne Airport.

Dr Campbell said Victoria was better prepared than ever to fight an outbreak of foot and mouth disease among livestock.

The emergency plan was part of the State disaster plan, "so when the balloon goes up, as it will inevitably one day, we will be as prepared as we can be," he said.

"We are not talking about if it happens, but when it happens. Our state of preparedness is one that we are continually improving."

Dr Campbell said the live foot and mouth disease viruses imported for experiments at the new $130 million Australian National Animal Health Laboratory at Geelong posed no greater risk to livestock than existing threats. He cited illegal food imports, possibly sausages from a European country, as the most likely source of an outbreak.

The emergency plan outlines the role of 18 different Government departments and agencies: police road blocks; a State Emergency Service support network; the Country Roads Board supplying heavy earth-moving equipment; Telecom maintaining field communications; fire authorities to destroy condemned carcases; and other support services.

The disease can be transmitted on the hands, boots and clothing of farm workers, in stock transport vehicles, in unpasteurised milk and other infected animal products.

Dr Campbell said an Australian outbreak could produce a national disaster costing up to $2.5 billion in the first year. With that certain knowledge the field staff went back to practising their battle strategy.

CSO: 5400/7542

WEST FEARS IMPORT OF FOOTROT IN VICTORIAN SHEEP

Perth THE WEST AUSTRALIAN in English 13 Dec 82 p 28

[Text]

TWO Labor MPs fear that disease could be spread by stock sent to WA from the drought-stricken Eastern States.

Mr Julian Grill (MLA for Yilgarn-Dundas) and Mr Jim Brown (MLC for South-East) said yesterday that five sheep in a consignment of 112 from Victoria had been found to have the highly contagious footrot disease.

The discovery was made at the Norseman quarantine checkpoint and the diseased stock were treated at the Kalgoorlie quarantine station.

The consignment had been allowed to continue to its destination at Boyup Brook where further treatment was necessary.

Mr Grill and Mr Brown said in a joint statement: "The WA Government is courting catastrophe by allowing diseased sheep to enter the State.

"The sheep should have been destroyed or returned to Victoria.

"The Victorian inspection procedures obviously leave a lot to be desired because the sheep were certified disease-free before leaving that State."

They commended the vigilance of Agriculture Department officers at the quarantine checkpoints.

The Minister for Primary Industry, Mr Old, said that there was nothing new in livestock being sent between States.

All stock arriving in WA was inspected and quarantined immediately at any sign of footrot.

"WA has an excellent record for the way in which we are able to intercept and make sure that disease and noxious weeds are not spread," Mr Old said.

CSO: 5400/7542

BRIEFS

CATTLE VACCINE SHORTAGE--The North-West Provincial Delegate for Livestock, Fisheries and Animal Breeding, Dr. J. N. Tumenta has remarked that whereas over 800,000 cattle in the country were vaccinated last year against the black-leg disease, only 280 bottles of vaccines arrived this year for the treatment of 28,000 cattle out of a total population of over 400,000 in the North West Province. Dr. Tumenta made this revelation during an annual meeting grouping Administrative Personnel, Officials of the Animal Breeding Ministry, Heads of Parastatal Agencies and Livestock breeders of the Province, at the conference hall of the Economic Affairs and Planning, Saturday November 13. [Excerpt] [Yaounde CAMEROON TRIBUNE in English 26 Jan 83 p 6]

CSO: 5400/151

RINDERPEST PREVENTION MEASURES

Chad NOUVELLE NATIONALE in French 19 Jan 83

[Text] Comrade Adoum Moussa Seif, minister of livestock and rural hydraulics, began a visit to Salamat yesterday. Accompanied by Dr Abdelmadjit, president of the coordinating office for the fight against rinderpest, the head of the livestock department will make an on-site inspection to ascertain the seriousness of the situation in this part of the country. One must remember that outbreaks of the epidemic which is striking down Chad's livestock have been detected around Am-timan. The minister's stay will allow mobilization of the livestock agents in office in Salamat and will make it possible to set up a campaign with the aim of quickly containing the plague. A batch of vaccines and vaccination guns has been sent into this region which, at this livestock migration period, is the gathering point of large herds coming from Ouaddai, from Batha. Its location as a transitional region with the south of the country and wild animal reserve area implies a large-scale action aimed at stopping the spread of the epidemic.

9895
CSO: 5400/144

GOVERNMENT TAKING MEASURES AGAINST FOOT-AND-MOUTH DISEASE

Affected Areas Mapped

Copenhagen BERLINGSKE TIDENDE in Danish 27 Jan 83 p 7

[Text] Minister of Agriculture Niels Anker Kofoed will endeavor to have the country divided into regions not affected by foot-and-mouth disease. This information was given by the minister yesterday in concert with the Agricultural and Fisheries Committee of the Folketing. The minister has previously hesitated to support the proposal, but the apparently isolated incident of the disease in Funen this time has caused him to change his mind. The purpose of the mapping is to prevent the agricultural exports from the rest of the country to be adversely affected by foot-and-mouth disease in one region.

Import Restrictions Seen Long-Lasting

Copenhagen BERLINGSKE TIDENDE in Danish 28 Jan Sect III p 5

[Text] The import restrictions on Danish agricultural products in the rest of the Scandinavian countries on account of the discovery of an incident of foot-and-mouth disease a couple of weeks ago in Funen will possibly be of even longer duration than the last time when the disease struck Denmark.

This appears from statements, first and foremost, from the veterinary authorities in Sweden following a statement by the Danish Minister of Agriculture, Niels Anker Kofoed (Liberal Party), to the effect that Sweden and Norway were expected to reopen their borders to Danish imports within 2 weeks.

Since more than 2 weeks have now elapsed since the incident of foot-and-mouth disease at Fraugde in Funen, the Danish veterinary authorities are of the opinion that it has only been a question of an isolated case, and Niels Anker Kofoed states that, as a result, there is no longer any veterinary risk.

7262
CSO: 5400/2514

PARASITE CAUSING WIDESPREAD LOSSES OF ELK, DEER

Oslo AFTENPOSTEN in Norwegian 7 Feb 83 p 44

[Article by Eivind Fossheim]

[Text] Scientists are now seeing signals that nature itself is intervening to regulate the large and growing population of elk and deer. A brain and spinal cord parasite that is normally found in conjunction with deer herds now seems to be flourishing to the point where the infections can lead to massive elk and deer fatalities in places where herds are concentrated, Professor Odd Halvorsen of Tromso University told AFTENPOSTEN.

A 5-year research project has now been launched to discover the morbidity effects of this parasite in elk and other deer herds, department veterinarian Gunnar Holt of the Veterinary Institute told AFTENPOSTEN. The Directorate of Game and Freshwater Fish, which manages big game, is very interested in the results, of course. The situation might necessitate a drastic weeding out of the elk and deer population and the question is whether the signals are so serious that a considerably larger hunt for big game should be permitted as early as this fall.

Several elk have already been found dead, presumably as the result of a massive attack by parasites.

"We had the first case in southern Norway last winter in Lardal, Vestfold, in connection with the discovery that there was a high death rate among elk," said Holt. "We found the next case in Baerum, where we investigated an elk calf that we thought had been injured in a traffic accident, but it turned out to be infested with parasites instead. Later the parasite was found in Osterdalen and it has just been found among elk up in Hallingdal too.

"The parasite, which is really a maggot that invades the central nervous system and particularly the spinal membrane, has such a strange life cycle that it is not dangerous as far as humans are concerned," said Halvorsen. The parasite must have a snail as an intermediate host in order to develop into a threat to big game and the maggot spreads only when these animals eat snails. The intermediate host is found both in

Finnmark and in internal sections of Ostlandet, and Halvorsen said that there is therefore reason to believe that large segments of our populations of domestic reindeer, wild reindeer, deer and elk are infected with the parasite.

"Affected animals show signs of motor disturbance. Their movements are sluggish and they become lame. They often stand in one place and eat until they collapse. There is every reason to believe that they suffer great pain," said Holt.

"Will our big game be wiped out? Just now elk seem to be particularly exposed--especially the calves, and we view the development as a very serious one," Holt emphasized.

At worst we could have a very sharp reduction in the deer population. Under nature's wise arrangement, the parasites sit and wait to move in when the population is too large in relation to the rest of the ecosystem. We have seen examples of this in the past among hares, which have been decimated when they became overcrowded--and we see this in red foxes, which are being ravaged by fox mange in many areas of the country just now.

Halvorsen stressed that the parasite does not involve any risk for human beings and that it is not dangerous to eat the meat of infested animals. And so far there have been no observations from grazing areas indicating that domestic animals such as sheep and livestock are being infected by this parasite, which bears the Latin name of Elaphostrongylus.

6578
CSO: 5400/2517

SITUATION UNDER CONTROL IN FOOT-AND-MOUTH OUTBREAK

Lisbon DIARIO DE NOTICIAS in Portuguese 22 Jan 83 p 8

[Excerpts] Beef cattle of the Santarem region were affected by an outbreak of foot-and-mouth disease about 1 week ago. This caused the death of 18 animals in a few days and contaminated dozens of others. Rigorous measures were taken by health officials. An official of the DGP [General Directorate of Cattleraising] told our newspaper that the "situation was detected and is under control."

DGP official Themudo de Melo told DIARIO DE NOTICIAS that "there have not been any more cases lately" and "there is no reason for alarm."

The DGP sent instructions to all regional agricultural directorates of the country ordering that all beef cattle transportation from and to Oeste, Ribetaje and Alentejo be canceled.

At the same time, the MACP [Ministry of Agriculture, Trade and Fisheries] technical services have instituted a health investigation at the end of which the extent of the foot-and-mouth disease will be ascertained, which cannot be considered, according to Themudo de Melo, as an "outbreak."

If the situation worsens, the services of the DGP will be prepared to "take stronger measures," according to the official.

Since the foot-and-mouth disease outbreak was detected, the health services vaccinated almost all the animals of Santarem, Chamusca, Coruche, Benavente, Vila Franca de Xira, Azambuja and Rio Maior. It is estimated that about 10,000 cows and bulls were vaccinated just in the sanitary cordon drawn to isolate the Santarem animal region.

The situation, especially regarding the circulation of beef cattle, which is forbidden, and the threat of survival of innumerable animals, created a real "windfall" for smugglers. In the past few days the GNR [Republican National Guard] and the paramilitary have increased vigilance during day and night over heavy vehicles transporting beef cattle in Riberao and Oeste, as well as in Alentejo.

Foot-and-mouth disease usually appears in the countryside of Portugal every 7 years, but there has been an outbreak only 1.5 years ago, which means that

there has been some negligence in cattle vaccination on the part of the breeders.

In the meantime, a Ministry of Agriculture, Trade and Fisheries expert assured us that 1 1/2 years ago many of the animals were vaccinated and have received type C vaccine (monovalent) when now the AOC vaccine (trivalent) is preferred.

In the last instance, the analyses to detect the type of virus which appeared in this particular case, are to be made by the National Veterinary Institute in Lisbon.

11634
CSO: 5400/2515

BRIEFS

FOOT--AND--MOUTH QUARANTINE--MBEYA--The Uyole Agricultural Centre in Mbeya District has been placed under quarantine following the out-break of foot and mouth disease this week, the Mbeya Regional Livestock Development Officer, Ndugu Cletus Kapinga, has said. Ndugu Kapinga has told Shihata that following the quarantine, livestock products would be allowed out of the area without the authority from the Regional Veterinary surgeon. [Text] [Dar es Salaam DAILY NEWS in English 24 Jan 83 p 3]

CSO: 5400/148

BRIEFS

LOCUST SPRAYING--Farmers and motorists in the Cranbrook and Stirling shires can expect relief from swarms of locusts as soon as weather conditions are ready for aerial spraying. Locusts have been a problem in the area for several weeks. But it has been too windy for the Agriculture Department to continue its control programme. Apart from damage to gardens and crops the locusts clog up radiator grilles, in some cases causing cars to overheat. They can also cause problems with car air-conditioners. A regular traveller along the highway for 20 years, Mr Colin Fox, of Hobbs Avenue, Dalkeith, said yesterday that the swarms he encountered last week were the worst he could remember. "They started about 20 kilometres north of Mt Barker and continued to Williams," he said. [Text] [Perth THE WEST AUSTRALIAN in English 13 Dec 82 p 15]

CSO: 5400/7542

STATE COUNCIL PROMULGATES PLANT QUARANTINE REGULATIONS

OW141211 Beijing XINHUA Domestic Service in Chinese 0721 GMT 11 Jan 83

[Text] Beijing, 11 Jan (XINHUA)--In an effort to prevent the spread of dangerous diseases, insects and weeds harmful to plants and to ensure safety in agricultural and forest production, the State Council promulgated the "Plant Quarantine Regulations" on 3 January and asked all provincial, municipal and regional people's governments and ministries, commissions and departments under the State Council to observe and enforce it.

The 20-article regulations contain provisions on the objects of quarantine, quarantine institutions, the designation of quarantine and protection areas, the quarantine of transported plants and plant products and actions to be taken against violations of the quarantine regulations.

The regulations say: Any kind of disease, insect or weeds occurring in a locality that is highly dangerous and can spread through plants and plant products should be the object of plant quarantine. A local area with plants under quarantine should be designated as a quarantine area to prevent the removal of quarantine objects from that area. When the quarantine area is large or when there are several areas under quarantine, areas where disease, insects or weeds have not occurred should be designated as protection areas to prevent the introduction of quarantine objects into those areas.

In its provisions concerning the quarantine of transported plants and plant products, the regulations emphatically stipulate: All kinds of seeds, nursery stock and other propagation materials must be quarantined before their transportation, regardless of whether they are on the list of quarantine plants and plant products or where they are to be transported.

The regulations stipulate: Seeds, nursery stock and other propagation materials that are introduced from abroad and may have hidden diseases or insects should be planted in isolation on a trial basis. They may be taken to other areas for planting after it is proven that they do not carry any dangerous disease or insects.

The regulations say: People who violate these regulations should be criticized and educated or given administrative discipline. People who cause losses as a result of their violations should be asked to compensate for the losses in consideration of the specific circumstances. People who violate the criminal code should be subjected to criminal proceedings.

CSO: 5400/4125

NEW LOCUST THREAT TO EAST AFRICA REPORTED

Johannesburg THE STAR in English 29 Jan 83 p 3

[Article by Henry Reuter]

[Text] NAIROBI — News that the locusts are coming back is both good and bad for Kenya, Uganda and Tanzania.

As a result of anti-locust campaigns in the Horn of Africa, where they breed, no sizeable swarms have been blown south for more than 20 years.

But several years of warfare in the Horn have hempered locust-control operations and they are beginning to return.

The bad news is that this threatens East Africa's crops. A major information base is being established at the earth satellite station in Kenya's Rift Valley to warn nations of gathering locust swarms.

The United Nations Food and Agricultural Organisation is spending R5 million on this project.

The good news is that one of Africa's favourite delicacies is returning to the menu. The relatively small swarms of locusts that have appeared have been hotly pursued by relatively large swarms of people intent on eating them.

To East Africans, locusts have become a rare delicacy. When caught, the inedible parts — the wings and saw-toothed lower parts of their legs — are pulled off. People of the Luo tribe of Kenya and Uganda boil them up in a pot, then leave them out to dry in the sun. Then they fry them in fish oil — delicious, to a Luo.

Bantu tribesmen, which include the Kikuyu, heat up a piece of clay pot over charcoal ashes until it is red hot, and then throw the live locusts onto it, like chestnuts.

They turn them with a stick to make sure they are roasted all round, and when the wings fall off, they're done to a turn.

Over the barren no-locust years, East Africans have had to turn mainly to the flying ant for their delicatessen.

To catch ants as they swam out of the ground after rain, they put out a light, at night, next to a pot with a narrow neck and a wide bottom. The ants, attracted by the light, fly obligingly into the pot.

The next day the pot is filled with water and brought to the boil. The inedible wings float to the top and are scooped off. Then the water is tipped out, the ants are dried in the sun and then fried in fat.

The queen termite has also become a great delicacy in these countries. She looks like a great blob of jelly, and lives about 3 m deep in the ground. Many African gourmets consider it worthwhile to dig her up and fry her.

They point out that for such a dish, you don't need any cooking fat. The queen termite is all fat. You just pop her into a frying pan for a meal to remember.

CSO: 5400/155

BRIEFS

STALK BORER ATTACKS--SUMBAWANGA--About 100 tonnes of DDT are needed to fight stalk borers which are reported to be attacking maize in Nkasi and Sumbawanga districts. The Rukwa Regional Agricultural Development Officer (RADO), Ndugu Maniamba B. Maniamba, said the situation was aggravated by continuous heavy rains and floods in the affected areas. Ndugu Maniamba, however, said the region had so far received only eight tonnes of DDT from the regional trading company. [Excerpt] [Dar es Salaam DAILY NEWS in English 31 Jan 83 p 3]

CSO: 5400/156

END